

MAR 13 1937

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

6573

1. PLACE OF DEATH

County Jackson
Township Kaw
City Kansas City Mo. (No. 4105 Brooklyn)Registration District No. 2Primary Registration District No. 2File No. 223
Registered No. 223
St. Brooklyn Ward 12. FULL NAME Alice Howell Parker(a) Residence, No. 4105 Brooklyn St. Brooklyn Ward 1
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF William Henry Parker6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 25, 18647. AGE YEARS 72 MONTHS 7 DAYS 26 If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Albany (STATE OR COUNTRY) Missouri13. NAME William Butler Howell14. BIRTHPLACE (CITY OR TOWN) Kentucky (STATE OR COUNTRY)15. MAIDEN NAME Melissa Winifred Steele16. BIRTHPLACE (CITY OR TOWN) Kentucky (STATE OR COUNTRY)17. INFORMANT Mr. Howell Parker (ADDRESS) 4105 Brooklyn18. BURIAL, CREMATION, OR REMOVAL PLACE Albany, Mo. DATE Feb. 24 193719. UNDERTAKER B. V. Lindsey & Sons (ADDRESS) 3811 Broadway K.C. MO.20. FILED 2/22 1937 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 21, 1937 193722. I HEREBY CERTIFY, That I attended deceased from Oct, 1935, to Feb 21, 1937I last saw her alive on 2/21, 1937. Death is saidto have occurred on the date stated above, at 10:45 A.M.

The principal cause of death and related causes of importance were as follows:

Influenza pneumonia Date of onset 1/23/37LAOther contributors causes of importance: Chronic Hypertension Chronic Nephritis DrochetName of operation Chronic Date of 2/21/37What test confirmed diagnosis? Chronic Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury, 1937

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) M. M. Crowe M. D.(Address) 828 W. 2nd St. Bklyn

Permit